

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

39672
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred

Registration District No. 791Primary Registration District No. 1003

(d) Street No. Jewish Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10659

2. PRINT FULL NAME

Frieda Polyak

(a) Residence, No. 5402 Bartmer Ave. St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Joseph Polyak6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16th, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
35 55 3 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Unknown Rosstenschner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Henrietta Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Joseph Polyak
5402 Bartmer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Nov. 19th, 1937

19. FUNERAL DIRECTOR (ADDRESS) Joseph M. Duman
1905 Union Bldg.

20. FILED NOV 18 1937 J. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

1-2-3rd degree Burns over head + extremities, pentonally multiple lacerations suffered Nov 13, 1937 at about 7:00 P.M. when fire started in home
Other contributory causes of importance:
at 5402 Bartmer

No damage to Building.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Spontaneous Date of injury 11-13, 1937

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Explosion

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph M. Duman M.D.

(Address) Regency Corner

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed: _____

Licensed Embalmer No. 2273

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)